




MICHIGAN HEALTH & HOSPITAL ASSOCIATION

Advocating for hospitals and the patients they serve.

TO: Members, House Health Policy Committee

FROM: Brian Peters, Senior Vice President, Advocacy 

DATE: January 31, 2006

SUBJECT: **House Bill 5544**
MHA Position: Oppose

House Bill 5544, introduced on January 11, 2006 by Representative John Stakoe, would specifically prohibit hospitals, freestanding surgical outpatient facilities, or other similar entities which utilize surgical technologists from employing or contracting with these individuals unless strict certification criteria are satisfied.

If passed, the bill would likely recreate many of the problems solved by HB 4403 which was passed by the Legislature and signed by the Governor in November of last year. The new law, PA 211 of 2005, was supported by hospitals and physicians because it assured that through delegation by a physician and specific training and authorization by a hospital that surgical technicians handling of surgical instrumentation would not violate provisions in the public health code. Admittedly the new law has only been in effect for a couple of months but to date, the MHA is aware of no documented reports of problems with the new law.

Under current law, the physician/surgeon has the responsibility for delegation of tasks to surgical technicians. The proposed law would shift this responsibility to the hospital by directly regulating employment, contracting, and granting of privileges. This could have detrimental impacts on hospital/physician relationships with no data to indicate that this change in regulations has the potential to improve the quality of care to patients.

The proposed legislation seeks to impose additional requirements to be an "employable" surgical technologist in Michigan. While meeting all the requirements may be a good indicator of a competent surgical technologist, many other competent surgical technologists would not meet all of the criteria. The specific certification requirements would foreclose retention of individuals who are competent and experienced but lack certification. Although a grandfather clause is proposed it would not save many existing surgical technologists because the grandfather clause only protects surgical technicians employed or under contract with a single entity. When a hospital is prohibited from employing otherwise qualified staff, the resulting increased costs are passed onto patients and payors.

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In summary, the MHA has opposed most efforts to create or change regulation criteria for health care providers for the following reasons:

- Government regulation is unnecessary unless there is a clear threat to the public's health or significant potential to improve quality through state regulation.
- Certification, licensure and regulation limit entry into a profession which may restrict the pool of workers and therefore drive up costs.
- Certification requirements may decrease the efficiency and flexibility in health care delivery systems.

For the reasons outlined above the MHA opposes HB 5544. We recommend that the legislature allow at least a year for PA 211 of 2005 to be fully implemented before reconsidering regulation of surgical technologists.

Finally, it is important to note that the MHA and Michigan's nonprofit hospitals are committed to patient safety and improving the quality of care, as demonstrated by the recent success of our Keystone Intensive Care initiative. This initiative has saved \$165 million in health care costs, saved over 81,000 inpatient hospital days, and most importantly, saved nearly 1600 lives.

If you have any questions, please contact Dave Finkbeiner, Senior Director of Legislative Issues, at 517-703-8604.